

**Community Challenge Grant Program
Fiscal Year 1999-2000 Scope of Work**

Grant Number: _____
(Leave Blank)

Lead Agency: _____

GOAL: _____

Intervention Objective	Intervention Sites	Documentation & Evaluation
Target		
Intervention	Strategy → Key Activities/Time Frame	Staff or Subcontractor
Expected Results	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	6.	6.
	7.	7.
	8.	8.
Start Date: _____		
Completion Date: _____		